

PENNSBURY SCHOOL DISTRICT  
134 Yardley Avenue, Post Office Box 338  
Fallsington, PA 19058-0338  
Telephone: 215-428-4100

**PHYSICIAN MEDICATION ORDER**

Any over-the-counter medication or medication order without clear time or instruction shall not be dispensed unless the school has an order on file from the physician. Please have your physician complete this form, with parent/guardian signature and return to school.

**Physician Order:**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Order: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Name and Purpose of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_

Time and/or frequency (be specific): \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Printed Name of Physician: \_\_\_\_\_ Signature: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

**Physician order for medications on class trip:** This medication may be either (physicians, please initial your preference):

Administered upon return to school: \_\_\_\_\_ or omit the medication for the day: \_\_\_\_\_

I authorize the school nurse to communicate with my child's health care provider and my healthcare provider, to reply as needed, regarding this medication and my child's response.

Printed Name of Physician: \_\_\_\_\_ Signature: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_